

APPLICATION FOR APPROVAL OF MARINE EVENT

DATE SUBMITTED

OMB No. 2115-0017

INSTRUCTIONS

1. Submit this form in Triplicate. Please complete on a typewriter or print in black ink *(to permit reproduction)*.
2. This application must reach the District Office at least 30 days prior to the event.
3. Attach a section of a chart or a scale drawing showing boundaries and/or courses and markers contemplated.
4. Submit a copy of your entry requirements, and any special rules pertaining to equipment, rigs or procedures.

1. NAME OF EVENT		2. DATE OF EVENT		13. HAVE ANY OBJECTIONS BEEN RECEIVED FROM OTHER INTERESTED PARTIES? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Explain)</i>	
3. LOCATION		4. TIME <i>(from, to)</i>		14. VESSELS PROVIDED BY SPONSORING ORGANIZATION FOR SAFETY PURPOSES <i>(number and description)</i>	
5. NAME AND ADDRESS OF SPONSORING ORGANIZATION <i>(include Zip Code)</i>				15. DOES THE SPONSORING ORGANIZATION DEEM THEIR PATROL ADEQUATE FOR SAFETY PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain)</i>	
6. NO. PARTICIPANTS				16. IS A COAST GUARD OR COAST GUARD AUXILIARY PATROL REQUESTED FOR CONTROL OF SPECTATOR AND/OR COMMERCIAL TRAFFIC? <i>(If YES, how many vessels do you recommend, and why?)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES	
7. SIZES OF BOATS		9. NO. SPECTATOR CRAFT		17. PERSON IN CHARGE	
8. TYPES OF BOATS				18. WHERE WILL "PERSON IN CHARGE" BE DURING THE EVENT?	
10. DESCRIPTION OF EVENT				19. HOW CAN "PERSON IN CHARGE" BE CONTACTED DURING THE EVENT?	
11. WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF TRAFFIC? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Explain)</i>				20. PERSON TO BE CONTACTED FOR FURTHER DETAILS <i>(Name, address, Zip code)</i>	
12. WHAT EXTRA OR UNUSUAL HAZARD <i>(to participants or non-participants)</i> WILL BE INTRODUCED INTO THE REGATTA AREA?				21. SIGNATURE The undersigned has full authority to represent the sponsoring organization	
				22. TITLE	
23. ADDRESS <i>(include Zip code)</i>				24. TO:	
AREA CODE AND TELEPHONE NO. —>				U. S. Coast Guard Marine Safety Office Juneau Attn: Port Operations 2760 Sherwood Lane Suite 2A Juneau, AK 99801	

PREVIOUS EDITIONS ARE OBSOLETE

The Coast Guard estimates that the average burden for this report form is 25 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-NAB), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0017), Washington, D.C. 20503.